
Medicare Benefits Schedule Review Taskforce

Ear, Nose and Throat Surgery Clinical Committee Report Taskforce Findings

This document outlines the Medicare Benefits Schedule (MBS) Taskforce’s recommendations relating to tonsillectomy, adenoidectomy and the insertion of grommets. **The Taskforce notes that this follows the initial, but yet to be completed, review of ear, nose and throat services.**

The MBS Taskforce considered the recommendations from the Ear, Nose and Throat Surgery Clinical Committee and feedback from public consultation.

The Taskforce endorsed all of the recommendations from the Ear, Nose and Throat Surgery Clinical Committee and submitted them to the Minister for Health for Government consideration.

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| Number of items reviewed¹ | 196 |
| Number of recommendations made | 8 |

The recommendations are intended to better reflect modern clinical practice, reduce variation in claiming, decrease misuse and encourage best practice.

Consolidated Taskforce recommendations

1. Amend adenoidectomy services

The Taskforce recommends the item descriptor for adenoidectomy be amended to clarify that the service includes examination of the post-nasal space and administration of local anaesthetic and that restrictions be put in place to prevent co-claiming of adenoidectomy with item 41764.

¹ At the completion of the first phase

2. Amend tonsillectomy services

The Taskforce recommends:

- △ item descriptors for tonsillectomy should be amended to clarify that the item includes examination of the post-nasal space and infiltration of local anaesthetic;
- △ restrictions be introduced to prevent co-claiming of tonsillectomy with item 41764;
- △ age distinction for services provided to under 12-year-olds and over-12-year-olds should be retained in the item descriptors for tonsillectomy; and
- △ no change is made to item 41796 for arrest of haemorrhage (other than removal of the fee differential between GPs and specialists as separately recommended by the MBS Principles and Rules Committee).

3. Further analysis on tonsillectomy, grommet and myringotomy services

The Taskforce recommends:

- △ further work analysing the reasons for geographical variation in tonsillectomy and grommets services is warranted; and
- △ low service rates of myringotomy in the Northern Territory are further examined as it is an area of need and inadequate access to appropriate services can have serious implications for hearing problems in Indigenous populations.

4. Amend cauterisation services

The Taskforce recommends that a minor amendment be made to item 41674 to remove coverage for cauterisation of the pharynx as this procedure is not considered to be appropriate clinical practice

5. Consider new item for stroboscopy

The Taskforce recommends that a new item for stroboscopy be considered on the basis of the evidence review that supports its clinical utility and advice that stroboscopy is inappropriately being claimed under item 41846.

6. Removal of obsolete items

The Taskforce recommends the removal of item 41846 (noting a new item has been proposed for stroboscopy). Seven other ENT items (11321, 18246, 41680, 41695, 41758, 41761, and 41849) were removed from the MBS on 1 July 2016 as they no longer reflected contemporary practice.

7. Items requiring no change

The Taskforce recommends no changes be made to items 41590, 41614, 41615, 41779, 41632 and 41796.

8. Generic recommendations

The Taskforce endorsed the Ear, Nose and Throat Surgery Clinical Committee recommendations for further work to be undertaken on providing feedback to practitioners on claiming patterns (including co-claiming) compared with their peers and for more regular discussions between the Department of Health and professional colleges to discuss claiming patterns, including co-claiming.

Information and evidence supporting each of these recommendations is included in the Ear, Nose and Throat Surgery Clinical Committee report.